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PTO/SB01 (3-97)

Approved for use through 9/30/90. OMB 0651-0032

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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration  
Submitted  
with Initial  
Filing

OR

☐ Declaration  
Submitted after  
Initial Filing

Attorney Docket Number

28,355-A

First Named Inventor

Lester K. Cornelius

### COMPLETE IF KNOWN

Application Number

09/783,520

Filing Date

02/15/2001

Group Art Unit

1772

Examiner Name

Alexander S. Thomas

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

REINFORCED TONER SEAL TEAR STRIP CONSTRUCTION

(Title of the invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 02/15/2001 as United States Application Number or PCT International

Application Number 09/783,520 and was amended on (MM/DD/YYYY) Oct 15, 2002 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02D attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02D attached hereto.
60/216,742	07/07/2000	

(Page 1 of 2)

**Duration Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

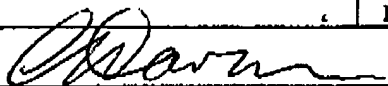
Rev. 3, July 1997

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**DECLARATION**

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
 Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Colin		Davison	
Inventor's Signature X			Date X 5/10/02
Residence: City	Hong Kong	State	Country of China
			Citizenship Australia
Post Office Address	c/o Optical Technologies Corp. - 47-00 33rd Street		
Post Office Address			
City	Long Island City	State NY	ZIP 11101
			Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
			Citizenship
Post Office Address			
Post Office Address			
City		State	ZIP
			Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	Country
			Citizenship
Post Office Address			
Post Office Address			
City		State	ZIP
			Country

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